

**TENNESSEE DEPARTMENT OF MENTAL HEALTH
AND DEVELOPMENTAL DISABILITIES
and the
TDMHDD PLANNING & POLICY COUNCIL
FY 2007 Joint Annual Report
July 1, 2006 – June 30, 2007**

INTRODUCTION:

The Department of Mental Health and Developmental Disabilities (DMHDD) is the state's mental health, developmental disabilities and alcohol and drug abuse authority and is responsible for system planning, setting policy and quality standards, licensing mental health services and facilities, system monitoring and evaluation, disseminating public information and advocacy for persons of all ages who have mental illness, serious emotional disturbance or developmental disabilities. By agreement with the Bureau of TennCare, the department also oversees and monitors the programmatic components of the TennCare Partners Program. DMHDD also licenses developmental disabilities services and facilities and will begin licensing alcohol and drug abuse services starting January 2008.

DMHDD serves adults with mental illness and children with emotional disturbance by planning, promoting, and contracting for an array of community mental health services, which are complementary to the mental health treatment services provided through the TennCare Partners Program. Community mental health services include prevention, early intervention, support services, rehabilitation, recovery and forensic services, and juvenile court evaluation services.

- DMHDD maintains state and federally funded grant contracts with forty-three private, non-profit community mental health agencies (CMHAs) and other organizations that provide a variety of services that are either not available or not fully supported through the TennCare Partners Program to enrollees and for non TennCare members who need such services.
- DMHDD contracts with 19 CMHAs to provide mental health safety net services to adults disenrolled from the TennCare waiver population.
- DMHDD administers five state operated psychiatric hospitals referred to as Regional Mental Health Institutes (RMHIs).
- Statutorily mandated inpatient and outpatient forensic and juvenile court services are provided through a combination of direct service through the RMHIs and contracts with community providers.

In February 2007, the Bureau of Alcohol and Drug Abuse Services was transferred to DMHDD from the Department of Health by Executive Order 44. The Bureau is responsible for planning, developing, administering, and evaluating a statewide system of services for persons at risk for substance abuse along with persons abusing substances. The integration of alcohol and drug abuse services within DMHDD will

streamline government and its resources and facilitate the opportunity to expand access to integrated treatment options. The Bureau is now known as the Division of Alcohol and Drug Abuse Services. Now that A&D services are in DMHDD, five A&D representatives have been appointed to the TDMHDD Planning and Policy Council for FY08 and several representatives have been added to the Regional Mental Health Planning and Policy Councils.

ACCOMPLISHMENTS:

- Anti-Stigma Campaign – Commissioner Betts launched the second phase of the “Overcoming Stigma Campaign” to spread positive messages regarding resiliency and recovery with a focus on the arts. On May 1, 2007, DMHDD and the Middle Tennessee Mental Health and Substance Abuse Coalition sponsored the 2nd Annual Art for Awareness Day at the State Capitol which featured the work of over 80 mental health consumer artists. During this event, Governor Bredesen, Commissioner Betts and several members of the General Assembly were presented a unique piece of art to display in their offices throughout the month of May in recognition of Mental Health Month. During the event, consumer artists registered their works and enjoyed a reception in celebration of this annual event.

The Commissioner also continues to speak to business and civic groups across Tennessee discussing the importance of mental health and its impact on the workplace, schools, and within the community and to encourage them to join her efforts to overcome the stigma of mental illness and to make a business case for inclusion of mental health benefits in employee-based insurance policies.

- Public Chapter 812 - “Options for Access to Non-emergency Behavioral Health Services for Uninsured Tennesseans” was completed in response to Public Chapter 812 (PC 812) of the Acts of the 104th General Assembly. PC 812 required DMHDD, in conjunction with community mental health providers, service recipients, family members, and other appropriate state and local agencies, to recommend options for access to non-emergency behavioral health services for uninsured individuals in the state. The report sets out several viable options that would increase access to services for this population. Even though funding was not appropriated for FY09, the TDMHDD Planning and Policy Council and the department are hopeful that it will be forthcoming in the future.
- RMHI/Delivery Systems Task Group– In October 2006, the Task Group, chaired by Bob Benning, was organized to assist TDMHDD to formulate strategies in the FY07-09 Three-Year Plan that relate to addressing both the needs of the Regional Mental Health Institutes, the potential downsizing of beds, and the need for additional programs at the community level to prevent hospitalizations. The task group consisted of council members, service recipients, family members, the Behavioral Health Organizations (BHOs), community providers, and other stakeholders from across the state. In addition, as requested, the Tennessee Hospital Association named two psychiatric inpatient providers to join the Task Group. In February 2007,

the new Managed Care Organizations (MCOs) in Middle Tennessee were also invited to send representatives to the Task Group. The Task Group's final report was completed on June 26, 2007 and submitted to the Commissioner and members of the TDMHDD Planning and Policy Council. A work group of the larger Task Group will meet to outline a ranking and sequencing of the most significant recommendations of the Task Group. The TDMHDD Planning and Policy Council will continue to monitor the status of these recommendations at their quarterly meetings.

- Integrated Service Delivery Model – An integrated model of service delivery, which includes both physical and mental health components within a single contract (MCO), is currently being implemented by the Bureau of TennCare and DMHDD in the Middle Tennessee region. Tenn Care plans to replicate the model statewide and will issue RFPs for the East and West regions in 2008. This model presents the department with opportunities to improve health and mental health for TennCare enrollees.
- Crisis Stabilization Units - Two crisis stabilization units (CSUs) opened, one in Nashville and one in Cookeville. These facilities provide 24-hour, 7 days a week, short-term (up to 72 hours) stabilization mental health services. This will allow for intensive mental health treatment in a less restrictive setting than a psychiatric hospital. CSU services include assessment, triage, medication management, and group and individual therapy. The Mental Health Cooperative will operate the CSU in Nashville and Volunteer Behavioral Healthcare System will operate the CSU in Cookeville. Each CSU will serve nine surrounding counties.
- Mental Health Safety Net (MHSN) - In July 2005, TDMHDD received 11.5 million in state appropriated funds to implement the Mental Health Safety Net. This is the third fiscal year (06, 07, 08) the MHSN has been in existence. Services are provided through 19 providers, a Memo of Understanding with the Health Dept for lab draws, and a partnership with the Department of Finance and Administration for pharmacy assistance to persons with severe and persistent mental illness (SPMI) through Cover Rx.

At the end of FY 07, the MHSN was at 78% registration (15,361 individuals were registered with a participating community mental health agency). The number of SPMI disenrolled at that time was 16,414. A total of \$8,018,252 was expended in the delivery of over 124,000 units of service. The top three services were case management, pharmacologic management, and psychotherapy.

- Grant Awards – In FY07, DMHDD was a recipient of a technical assistance (TA) grant to develop a housing first/employment fast strategy to end chronic homelessness. Due to a change in vendors at the federal level, the delivery of this TA was postponed into FY08. The initial phase of the TA was a conference for statewide homeless program directors aimed at using evidence based practices and full implementation of Social Security Benefits: Outreach, Assess and Recovery

(SOAR). The conference was held August 29-30, 2007 and was open to stakeholders statewide. This will be followed by focused TA in Nashville, Knoxville, and Memphis.

- Medication Algorithms – DMHDD continues TN-MAP, the Tennessee Medication Algorithm Project, at Western Mental Health Institute with support from regional community mental health agencies for service recipients diagnosed with schizophrenia. This pilot project has shown positive responses in the ability to expand family education activities in the RMHIs, along with finding ways of improving communication between the RMHIs and the CMHAs. Due to these positive results, DMHDD plans to expand this project in FY 08 to one of the other regional mental health institutes with the support of their local CMHAs.
- Resiliency/Recovery Symposium - Magellan, a behavioral health contractor, and DMHDD co-sponsored a Resiliency and Recovery Symposium in November 2006. The overall theme for the Symposium was "Recovery/Resiliency-Building the Foundations for System Change." The vision and outcome for the Symposium was to build a common understanding that recovery and resiliency are real, possible, and achievable and to develop a shared commitment to transform the public mental health system to promote and support recovery and resiliency for all persons with mental illness or emotional disturbance.

Approximately 400 persons were in attendance. The target audience consisted of consumers, family members, key policy makers and key staff within provider agencies including CEOs, clinical directors, and agency board members.

- Creating Homes Initiative – Housing options available to people with mental illness and co-occurring substance abuse continued to grow in FY 07. New awards came from a wide variety of funders including THDA Housing Trust Fund, HUD Supportive Housing Program, Housing Opportunities for People with Aids and HOME, and Federal Home Loan Bank of Cincinnati in addition to TDMHDD funding. A total of \$14,381,632 was leveraged in FY 07 bringing the total leveraged since FY 2000 up to \$167,256,194. In FY 07, 449 housing opportunities were made available bringing the total since the beginning of the Creating Homes Initiative up to 5,873.
- The Creating Jobs Initiative (CJI) has developed a Task Force in each of the 7 mental health planning regions that includes representatives from local mental health providers, family members and consumers, the Division of Rehabilitation Services in the Department of Human Services, the Department of Labor, potential employers, and other interested community persons. The purpose of the task forces is to implement the CJI locally and to develop and expand local partnerships to provide more employment opportunities for persons with serious mental illness or co-occurring disorders.

Employment Specialists of the AmeriCorps VISTA Volunteer program were located in each mental health planning region to provide oversight and direction for the

regional CJI task forces and the CJI program. This program concluded on June 30, 2007.

TDMHDD contracted with the AIM Center in Chattanooga to implement a pilot program by hiring a regional Employment Facilitator. This program provided employment services to 143 persons.

- Peer Support Centers - About half of the forty-nine Peer Support Centers across the state have consumers who are trained to assist other consumers to develop their own Wellness Recovery Action Plan (WRAP). WRAP is a structured system to monitor symptoms, carry out planned responses, and determine treatment and support needs and choices for when symptoms make it impossible for persons to make those decisions. WRAP enables consumers to develop a blueprint for personal recovery and self management that incorporates wellness tools and strategies into their lives.

DMHDD is investigating Real Choice Systems Change grant opportunities to utilize WRAP in a person-centered planning process with the nineteen CMHAs that provide services to persons eligible for TennCare. A minimum of two Peer Specialists per agency will be trained to conduct WRAP classes and seminars each year of the grant. Peer Specialists will teach the five key concepts of recovery and instruct on how to create, use, and update a WRAP to consumers receiving clinical services at the centers. They will coordinate the teaching of WRAP seminars with the consumer's therapist and case manager.

A grant goal will be to train and certify 50 peer specialists connected with the CMHAs and 100 staff from the Peer Support Centers to conduct WRAP classes and seminars. An evaluation of outcome measures for participating service recipients is included in this project.

- Procedural Manual for Legal Professionals – DMHDD, through a federal Edward R. Byrne grant, developed the state's first procedural manual for judges, defense attorneys and district attorneys titled "Mental Health in Tennessee's Courts." The manual includes topics such as: types of mental disorders, mental health services, common psychiatric medications, legal standards and issues of process and procedure in forensic evaluation, outpatient treatment, hospitalization, juvenile court mental health services and best practice models.
- Budget – For FY 08, the General Assembly and Governor granted DMHDD \$1,290,800 for Memphis Mental Health Institute lease payments and \$802,400 for improvements to the regional mental health institutes. Additional funding in the appropriations legislation included: \$250,000 for a pilot program in Shelby County for integration of primary care and behavioral health services and \$100,000 as a grant to the Tennessee Mental Health Association to be used for implementing a public awareness and education campaign. The Division of Alcohol and Drug Abuse Services received \$1,823,200 for Alcohol / Drug Assessment and Treatment

(ADAT), used for court ordered alcohol and drug abuse assessment and/or treatment services for indigent supervised probation offenders, a \$150,000 grant to the Shelby County General Sessions Court for ADAT, DUI offender assessments and/or treatment services, and a \$250,000 grant to Aspell Recovery Center for Women's Alcohol & Drug Abuse Services.

- Infrastructure Supports Funding – DMHDD received a funding allocation of approximately \$10.8 million to maintain supportive programs for persons with SPMI/SED in the Middle Tennessee region to assure a smooth transition to the integrated model. DMHDD began providing funding for these programs in April 2007. Supportive programs include: community crisis services, transitional support to achieve community tenure, supportive living placements and supports to increase service capacity.
- RIP Center - The University of Memphis and DMHDD opened a Regional Intervention Program (RIP) in Memphis. The program aids preschoolers and their families by teaching behavior management and discipline skills. The program serves families with children under the age of six who have mild to severe behavior problems, including aggression, tantrums, and separation anxiety. There are 13 RIP programs in the state with the University of Memphis site the first in a university setting.
- Telemedicine - DMHDD promotes state of the art diagnostic systems such as televideo to decrease response time and travel for diagnosing patients, reduce stressors on persons with a potential mental illness, and reduce transportation costs.

Currently, forty-two telemedicine sites have the capacity to provide increased access and availability to physician services. To enhance the use of this technology, DMHDD developed a telemedicine work group to assess barriers for utilization and promote telemedicine services statewide. A survey was conducted with CMHAs and RMHIs across the state. The information from these surveys is being reviewed to determine next steps in overcoming barriers to increase utilization of telemedicine services for the purpose of improving access and availability to behavioral health services.

- Peer Support Specialists – DMHDD has implemented the certification process for the first group of peer support specialists to work in the public mental health system in Tennessee. Fourteen individuals have been approved and certified and other applications are being processed. DMHDD is working on designing a process to evaluate the outcomes of the certification process. The Departmental Planning and Policy Council was very instrumental in promoting this concept.

CHALLENGES:

- Public Chapter 812 – The report developed in response to Public Chapter 812 recommends viable options for access to non-emergency behavioral health services

for individuals in the state who are uninsured. The identification of these options is an initial step to access needed services for this population. However, the challenge the department faces is the lack of funding for implementation.

- **Employment** - The primary challenge for the Office of Employment Planning and Development is the lack of funding to establish an Employment Facilitator in each of the 7 mental health planning regions. Based on the significant success in the expansion and improvement of housing options for people with mental illness through the Creating Homes Initiative, the Division of Recovery Services and Planning is committed to developing a similar model for Creating Jobs Initiative, anticipating similar outcomes. Lack of funding severely limits implementation of the Creating Jobs Initiative.
- **Juvenile Court-ordered Evaluations** – The number of juvenile court-ordered evaluations continues to increase. Under statute, courts can order such evaluations on an outpatient basis; almost none do. This represents a significantly higher cost for an inpatient evaluation when a large number can be successfully completed on an outpatient basis while keeping the youth near family and legal counsel. Changing this culture to allow for more outpatient evaluations is a significant challenge.
- **Integration of Division of Alcohol and Drug Abuse Services**- In February of 2007, the Bureau of Alcohol and Drug Abuse Services was transferred into the Department. The past year has been met with challenges as the Division has integrated into new Department specific systems and policies. In addition, we are currently searching for a new Assistant Commissioner of Alcohol and Drug Abuse Services to lead this Division. Another challenge the Division faces deals with funding. Currently the Division's primary source of funding is through federal dollars and it will be important over the coming years to seek additional state funding for this significant problem.

GAPS:

- **Lack of Funding for Services and Supports for Persons with DD other than MR** – In March 2002, people with DD other than MR became eligible, subject to funding availability, for services and supports from DMHDD. To date, only planning funds have been allocated with no appropriations to DMHDD to provide services and supports to persons with DD. DMHDD serves as the state's developmental disabilities authority and is responsible for promoting the development and provision of services and supports to persons with DD, which includes persons diagnosed with MR. Currently, persons diagnosed with MR are receiving services from the Division of Mental Retardation Services (DMRS), which is in the Department of Finance and Administration.

The DD Planning and Policy Council, along with the DMHDD Planning and Policy Council and the Developmental Disabilities Task Force have recommended that responsibility for service provision for persons with developmental disabilities be

transferred to the Division of Mental Retardation Services in the Department of Finance and Administration. They continue to work on this issue with the DD Task Force implementing a grassroots campaign to promote the transfer.

- Employment - Research studies show that 60% to 75% of those with mental illness want to work; however, 85% to 95% are unemployed. Daily across Tennessee we see the impact of the lack of employment opportunities for persons with mental illness and co-occurring disorders – increased homelessness, increased prison involvement, and increased crises and hospitalizations. The lack of competitive employment opportunities remains.
- Services for Persons with a Dual Diagnosis (MR and MH) – As a result of the Dual Diagnosis Task Force, programs such as the Community Inclusion Project and TN Start were developed to provide services and supports to persons with a dual diagnosis. Even though progress has been made, more integrated services and supports are needed for this population. Therefore, DMHDD and DMRS are in the process of establishing a work group to develop a Memorandum of Understanding (MOU) to address this issue.
- Persons found not guilty by reason of insanity (NGRI) present a number of unique challenges. Access to services is diminished by their involvement in the criminal justice system and lack of available funds for post hospitalization community services. Few qualify for TennCare or state-only funding; even fewer have commercial insurance. Commercial insurance coverage is frequently limited in the benefit package (ex.: no case management) or whether the benefits are available when there is a legal obligation (such as Mandatory Outpatient Treatment) to access services.